

<small>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)</small> FEE TRANSMITTAL For FY 2005	Complete if Known	
	Application Number	09/986,794
	Filing Date	November 13, 2001
	First Named Inventor	YASUHIRO KUJIRAI
<input type="checkbox"/> Applicant claims small entity status. See 37 C.F.R. 1.27	Examiner Name	Rashan O. Patterson
	Art Unit	2622
TOTAL AMOUNT OF PAYMENT	(\$)	Attorney Docket No. 03500.015933

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>06-1205</u>		Deposit Account Name: <u>Fitzpatrick, Cella, Harper & Scinto</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments			

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	1,000.00
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
11	- 20 or HP = 0	x 0 = 0				
HP = highest number of total claims paid for, if greater than 20						
				0		0

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	- 3 or HP = 0	x 0 = 0	
HP = highest number of independent claims paid for, if greater than 3			

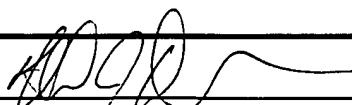
3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

Non-English Specification,	\$130 fee (no small entity discount)	
Other:		

SUBMITTED BY		
Signature		Registration No. (Attorney/Agent) 55,112
Name (Print/Type)	Michael J. Didas	Telephone 202-530-1010
		Date: November 10, 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In response to the Office Action mailed August 11, 2005, Applicants submit the following amendments and remarks.